

**Office of Public Carrier
 Delaware Transit Corporation
 119 Lower Beech Street STE 100
 Ph: 1.800.652.3278 Prompt 7 • Fax: (302) 577.1042**

Amend Service Territory-Certificate of Public Convenience and Necessity Application

Section 1: Type of Operations	
Filing Fee \$100.00	Receipt #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Docket #	
Type of Service	<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Charter Bus <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Fixed Route
Current # of vehicles	
Service Territory	<input type="checkbox"/> Sussex County <input type="checkbox"/> Kent County <input type="checkbox"/> New Castle County <input type="checkbox"/> Statewide <input type="checkbox"/> Custom-describe below
If Custom, explain	_____ _____

Print or Type Only

Section 2: Applicant Information	
Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)
Applicant's Name (If Corp., use bus. name)	_____
Trading As	_____
Mailing Address	_____ _____ _____
Location of Records (Not P.O. Box)	_____ _____ _____
Contact Name	_____
Federal I.D. No.	_____
Social Security No. (If applying as Sole Prop.)	_____
Business Phone No.	_____
Business Fax No.	_____
Cell Phone No.	_____
E-Mail Address	_____ _____

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Section 3: Proposed Change to Service Territory

Service Territory (Amended)	<input type="checkbox"/> Sussex County	<input type="checkbox"/> Kent County	<input type="checkbox"/> New Castle County	<input type="checkbox"/> Custom
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If Custom, explain

Written Evidence

The applicant must satisfactorily present written evidence for the amended service territory that the proposed operations will serve a useful public purpose, a useful public necessity, and a useful public convenience responsive to public demand and that existing public carriers are not able to meet the demands of the industry. This requirement can be satisfied through the presentation of petitions, surveys, requests for service, demographic trend surveys or other documents that clearly identify a public demand exists. Written statements by the applicant are insufficient without supporting documentation.

Please label as **Attachment A**

Section 4: Certified Filing of Application

Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes No

Sign a copy of PC-16 Record Keeping Certification and label as **Attachment B**

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I, certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative	Date
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